

Registration under the Health and Social Care Act 2008   
(as amended)

**Application to cancel one regulated   
activity**

Application by a service provider

July 2023

**Applications under section 19 of the Health and Social Care Act 2008   
(as amended)**

|  |
| --- |
| This form must only be used by:  **Existing service providers to cancel their registration to provide one regulated activity.**  It must **not** be used by:   * Service providers (‘providers’) wishing to cancel their registration to provide ALL regulated activities * Service providers who only provide one regulated activity and who wish to cancel their registration * Providers who want only to remove a location * Managers, for any purpose. |

**Note:** If the Care Quality Commission (CQC) has started certain legal action against you, you cannot make an application to cancel your registration under section 19 of the Health and Social Care Act 2008 (as amended). Please see section 19(3) of the Act.

You can also use this form to apply for a location or locations to be removed from your conditions of registration if the cancellation of your registration to carry on the activity would lead to their closure.

**Your registered managers**

If this application is successful, we will cancel the registration of any managers:

* Who are currently registered **ONLY** in respect of the regulated activity you carry on at the location(s) in this application, and
* Who are **not** applying to continue to manage the same regulated activity at the same locations under a new provider;

**OR**

* Who **ONLY** manage the locations in this application, and
* Who are not applying to add other locations to manage other regulated activity (or activities) they are registered to manage for you.

This is because the law requires CQC to cancel a manager’s application where no-one is registered as provider.

Please tell any managers affected by this and warn them that if this application is successful we will send them a Notice of Decision to cancel their registration.

**Completing and submitting this form**

You must provide an answer to every field marked with an asterisk (\*). Other fields are optional but if you have the information please provide it. We will have to reject an incomplete application and return it to you.

You can fill in and submit this form using a computer, once completed you can submit it by attaching it to an email; this is the best and quickest way to make applications to CQC.

This form has been prepared as a ‘protected’ Word document. This means that if you use a computer you can easily move from answer to answer using your ‘tab’, ‘down arrow’, and ‘page down’ keys. You can also click from answer to answer using a mouse. You can put an ‘X’ in checkboxes using your space bar or mouse when the box is highlighted. If you need to go backwards to change your answers, use your ‘page up’ key, ‘up arrow’ key, or mouse.

You can’t use the spell check function or format text with bullet points in protected Word documents. If you want to check spelling or use bullets, type or paste text into a blank new document, correct any spelling errors, add any bullet points, and then copy and paste it into the appropriate part of your application form.

You can fill in this form on a computer using 'Microsoft Word' or 'Open Office'. Open Office is a free programme you can download from www.openoffice.org. The spaces for answers will expand while you type if needed.

**Additional sections**

Where your application affects **more than one** location you will need to download, fill in and submit additional location section(s). There is information about this at the relevant place in this form.

Submitting this application by email, you must attach all of the required additional sections and any manager application forms, as well as this main form, to your application email.

**If you do not attach all the additional location sections and manager forms that are required we will return your application to you.**

###### Contents Page

Section 1: Service provider and the regulated activity you want to cancel 4

Section 2: Cancellation of registration to carry on the regulated activity 9

Section 3: Locations 7

Section 4: Application declaration 10

How to submit this application 11

**Section 1: Service provider and the regulated activity you want to cancel**

|  |  |
| --- | --- |
| **1.1 Service provider’s details** | |
| \*CQC Provider ID† |  |
| \*Name of provider |  |
| \*Address line 1 |  |
| \*Postcode |  |

|  |  |  |
| --- | --- | --- |
| **\*1.2 The regulated activity you want to cancel** | | |
| Please check / tick the regulated activity you want to cancel **(one only per form)** | | |
| Personal care – (RA1) |  |  |
| Accommodation for persons who require nursing or personal care – (RA2) |  |  |
| Accommodation for persons who require treatment for substance misuse – (RA3) |  |  |
| Treatment of disease, disorder or injury – (RA5) |  |  |
| Assessment or medical treatment for persons detained under the Mental Health Act 1983 – (RA6) |  |  |
| Surgical procedures – (RA7) |  |  |
| Diagnostic and screening procedures – (RA8) |  |  |
| Management of supply of blood and blood derived products – (RA9) |  |  |
| Transport services, triage and medical advice provided remotely - (RA10) |  |  |
| Maternity and midwifery services – (RA11) |  |  |
| Termination of pregnancies – (RA12) |  |  |
| Services in slimming clinics – (RA13) |  |  |
| Nursing care – (RA14) |  |  |
| Family planning service - (RA15) |  |  |

**Section 2: Cancellation of registration to carry on the regulated activity**

|  |  |  |
| --- | --- | --- |
| **\*2.1 Cancellation date** | | |
| Your registration is not formally cancelled until you receive a Notice of Decision from us that confirms this. | | |
| \* You can apply to cancel your registration to manage this regulated activity 30 days before the day you will stop providing your services or any time after you have stopped providing your services. (dd/mm/yyyy)? |  |  |

|  |
| --- |
| **\*2.2 Statement of Purpose** |
| The law says that your Statement of Purpose must be up to date. You are changing the details of your registration, so you must send us an amended copy of the Statement of Purpose that covers the locations in this application.  **If you do not, we will return your application to you.** |

|  |
| --- |
| **\*2.3 Cancellation action plan** |
| Please explain how you intend to carry on the regulated activity until your registration to do so is cancelled (you can also do so by attaching or enclosing any existing action plan you have already written). |
|  |

**Section 3: Locations**

|  |  |  |
| --- | --- | --- |
| **\*3.1 Notice of cancellation** | | |
| Have you given notice of your proposal to cancel your registration to carry on the regulated activity to the following: | | |
| The people who use the regulated activity at the affected location(s) | | |
| Yes |  |  |
| No |  |  |
| Carers and representatives of the people who use the regulated activity | | |
| Yes |  |  |
| No |  |  |
| Managers whose registrations will be affected by this application | | |
| Yes |  |  |
| No |  |  |
| No managers are affected |  |  |
| Relevant local authorities | | |
| Yes |  |  |
| No |  |  |
| Relevant clinical commissioning groups/ local area teams | | |
| Yes |  |  |
| No |  |  |
| We may want to see copies of correspondence relating to the notice you have given. If you have **NOT** given notice to any of the above or provided an answer to any of the questions, please explain why below. | | |
|  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **\*3.2 Locations that will close if your registration to carry on the activity is cancelled** | | | | | | |
| Please provide details about the locations that will close if your application is successful. This does not include locations that you are selling or transferring to a new provider.  If more than one location will close, you can download additional sections of this form from our website  The closure of locations may affect the annual fee you pay to CQC. Any changes to your fees will be made when your next annual fee invoice is sent to you.  If you are completing this form on paper and need extra space, please add extra numbered sheets as needed.  Please give each location that would close a number so that we know you have sent us information about all of the locations.  **If you don’t give us information about all of the affected locations, we will have to return your application to you.** | | | | | | |
| The information below is for closing location number: | | **1** | of a total of: |  | locations that will close when I/we stop carrying on the regulated activity | |
| **Location details**  Please fill in the CQC Location ID number and address details for **the first location that will close if your application is successful** | | | | | | |
| \*CQC Location ID † |  | | | | | |
| \*Name of location |  | | | | | |
| \*Address line 1 |  | | | | | |
| \*Postcode |  | | | | | |
| No of places or beds (\*if applicable) | | | | | |  |
| Please explain why you are closing this location. Please also say how the closure will affect the people who use your service and how you plan to manage this. | | | | | | |
|  | | | | | | |

|  |  |
| --- | --- |
| **\*3.3 Supplementary questions for dental providers** | |
| If by removing a regulated activity means the closure of a location(s) which results in you now providing dental services at **one location only**, please answer the following questions about the remaining dental service. | |
| \* Location name |  |
| \* CQC Location ID |  |
| \* Please state the number of dental chairs at this location |  |

**Section 4: Application declaration**

|  |
| --- |
| **PLEASE READ THE DECLARATION CAREFULLY BEFORE SIGNING**  This is an application under [section 19(1)(a)(b)(c) of the Health and Social Care Act 2008](https://www.legislation.gov.uk/ukpga/2008/14/section/19)  By submitting this application, you confirm:   * you have informed all the relevant parties of this application (for example, directors or partners) * you are authorised to submit this application * you will meet the requirements of the 2009 and 2014 Regulations for each regulated activity that you will carry on at this location   And you understand that:   * it is an offence to make false or misleading statements in this application. If you do so, this application could be refused and you may be liable for prosecution. This is covered under [section 37 of the Act](https://www.legislation.gov.uk/ukpga/2008/14/section/37#:~:text=37False%20statements%20in%20applications&text=%282%29If%2C%20in%20an,is%20guilty%20of%20an%20offence) * it is an offence to carry out any regulated activities without an active CQC registration * you are responsible for all regulated activities until your registration ends   **Privacy**  You understand that the data you have given and other personal data that CQC may obtain, will be used as set out in our [privacy policy.](https://www.cqc.org.uk/about-us/our-policies/privacy-statement)  The person who signs below must be one of the following:  **Organisation:** Any individual authorised to do so by the Organisation  **Partnership:** A member of the partnership  **Individual:** The individual |

|  |  |  |
| --- | --- | --- |
| I/we confirm that I/we understand and accept this declaration |  |  |

We will accept a typed-in name as a signature.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \*Authorised signatory |  | | | |
| \*Authorised signatory full name | Title | First | Middle | Last |
| \*Date of signing (dd/mm/yyyy)  (Do not enter your date of birth) |  | | | |
| \*Role / job title |  | | | |
| \*Business email address |  | | | |

**How to submit this application and accompanying documents**

**Failure to submit all required additional forms will result in your application being returned.**

The checklist below lists the documents that you need to include with the application:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Form or document** | | | | **Done** |
| An action plan where submitted as an alternative way of answering question 2.3 | | | |  |
| Statement of Purpose | A template is available on our website for you to use if you prefer | | |  |
| Additional closing location sections (Section 3.2) as needed | Number of locations that will close: |  |  |  |
|  |
|  |
| Number of additional closing location sections submitted with this application |  |  |
|  |
|  |
|  |
|  |
| Number of applications to remove a regulated activity submitted with this application |  |  |
|  |
|  |

**Where to send your application:**

You should **email** completed form(s) and all required accompanying documents to:

[**HSCA\_Applications@cqc.org.uk**](mailto:HSCA_Applications@cqc.org.uk)

You must attach all forms and documents to the same email.

If you do not submit all required forms and information your application will be returned to you.

You can read more information on our website [www.cqc.org.uk](http://www.cqc.org.uk) or call our National Customer Service Centre on **03000 616161**.

© Care Quality Commission 2023